

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10671846

FILING DATE 09-28-03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		2				
14		2				
15		2				
16		2				
17		1				
18		1				
19		1				
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	30					
TOTAL CLAIMS	32					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
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TOTAL IND.								
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TOTAL CLAIMS								